



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

What to Expect: LHD Response to COVID-19 Cases in Long Term Care Settings

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Because of the possibility for rapid spread of COVID-19 in long-term care (LTC) settings, it is recommended that immediate control measures be put in place when a resident or staff member first begins to exhibit symptoms of respiratory illness and prior to confirmation of COVID-19. [Infection prevention recommendations](#) for LTCFs can be found on the CDC website.

Persons who live or work in a LTC setting are considered by the NC Department of Health and Human Services as a priority group for testing. Testing from people who live in or have frequent contact with these settings and have symptoms consistent with COVID-19 can be tested through the North Carolina State Laboratory of Public Health (NCSLPH). Testing is also available through some commercial and hospital-based laboratories.

An outbreak of COVID-19 in a congregate living setting is defined as two or more laboratory-confirmed cases within two incubation periods (28 days) in the same facility. (An exception to this would be if the facility had accepted the known COVID-19 cases transferred from another setting.) **However, even individual cases of COVID-19 in LTC settings are a serious public health concern and should be treated in the same manner as an outbreak.**

A confirmed or suspected case of COVID-19 in a resident or staff of a LTC setting should be immediately reported to the Communicable Disease Branch Epidemiologist On Call at 919-733-3419 (available 24/7). Basic outbreak information should be entered into NC EDSS within 24 hours of identification of the outbreak and all associated cases linked to the outbreak.

Subsequent steps should include:

1. Implementing appropriate precautions.
 - Facility Staff should wear [appropriate PPE](#) when caring for patients with undiagnosed respiratory infection or confirmed COVID-19. Facilities should consider routine use of face masks and gloves for all patient interactions if supplies are sufficient.
 - [Transmission-based precautions](#) should be implemented for all symptomatic residents for at least 10 days after appearance of symptoms AND at least 3 days (72 hours) after recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). These isolation precautions should also be implemented for asymptomatic residents who are COVID-19 positive for at least seven days after the positive test. If an asymptomatic resident becomes symptomatic, the duration should be extended based on symptom onset date.
 - Refer to [CDC guidance](#) for the most up-to-date recommendations about infection prevention practices in LTC settings.

- LTCFs with COVID-19 cases/outbreaks can continue to accept COVID-19 positive patients from acute care hospitals as long as they have adequate supplies, staff, and space in their designated COVID-19 area.
2. Cohorting COVID-19 positive residents.
 - Residents with known or suspected COVID-19 should ideally be placed in a private room with their own bathroom.
 - Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Local public health authorities can assist with decisions about resident placement.
 - Symptomatic residents and asymptomatic residents who test positive for COVID-19 should be cohorted in a designated location and cared for by a consistent group of designated facility staff (i.e. the same staff interact with symptomatic residents and residents who test positive for COVID-19 on an ongoing basis, and do not interact with uninfected residents).
 3. COVID-19 testing.
 - If testing capacity permits, testing for SARS-CoV-2 should be done for all residents and staff regardless of symptoms. If testing capacity is limited, priority should be given to testing all residents and staff who had contact with a confirmed case, regardless of symptoms, and all residents and staff with symptoms. This may include atypical symptoms for residents of a skilled nursing facility.
 - If testing of all residents is not feasible, [transmission-based precautions](#) should be implemented for asymptomatic residents until two incubation periods (28 days) have passed since the most recent case onset.
 4. Assessment of infection control practices.
 - A site visit (in person or virtual depending on resources) to ensure all [infection prevention recommendations](#), including environmental cleaning, are being followed will be conducted by the local health department. Local health department staff should wear a surgical face mask while inside the facility.
 - Infection control practices can be assessed using the “LTC Infection Prevention Assessment Tool” in this toolkit. To learn more about conducting infection control assessment and response (ICAR) visits, please see the document “ICAR Visit Education Resources” in this toolkit.
 5. Helping facility manage staffing.
 - Symptomatic staff and asymptomatic staff who test positive for COVID-19 should be excluded from work for at least 10 days after appearance of symptoms (or positive test result if asymptomatic) AND at least 3 days (72 hours) after recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). Staff without symptoms should follow published guidance for [Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure](#).

- If a LTCF is experiencing a staffing shortage due to staff testing positive, CDC has guidance for [contingency and crisis staffing strategies](#).
- Emergency staff may be available through the state as a last resort. For more information, please see the document “Emergency Resource Requests” in this toolkit.